400

Vision Direct
Portfolio View

402

404

Current Portfolio: All Accounts .

Fund Name	Account Number	Current Price	Today's Change	% Change	# Shares	Market Value
Berger Funds						
Next Gen Fund	543214444	$23.20*	+0.60	+0.40%	643.987	$14,940.50
Janus Funds						
Janus Fund	500321896	$30.00	+0.80	+1.68%	15.1230	$453.69
Mercury Fund	123456789	$31.00	+1.44	+2.42%	24.0000	$744.00
Mercury Fund	123456790	$31.00	+1.44	+2.42%	25.0000	$775.00
Tech. Fund	555121211	$35.00*	+2.50	+3.21%	10.1000	$353.50

Total Portfolio value: $17,266.19

406

Portfolio holdings as of : 12/01/1999 .
Prices marked with a * are as of the previous business day.

408

View Portfolio History
Setup New Portfolio
Change Portfolio

410

Select an account number to view details of that account
Select a fund name to view fund information
Select a fund family name to visit the fund family's web site

Figure 4

```
                                                            500
                                                      ╱╱
                                                              502
  ┌─────────────────────────────────────────────────┐  ╱╱
  │              Vision Mutual Fund Gateway          │
  │            Monthly Billing Summary Report        │
  ├─────────────────────────────────────────────────┤        504
  │ Report Number: R07960                            │  ╱╱
  │ Source program: B10108                           │
  │ Job:    MFJM426B                                 │
  │ System: DFE                                      │
  │ Corp Billing ID                                  │
  │ Management Code:  BU                             │
  │ Billing Period:11/1/99-11/30/1999                │
  ├─────────────────────────────────────────────────┤        506
  │ Billable inquiry Views:  325  View Charges    $ 16.25 │ ╱╱
  │ Billable Vision ID's:     80  Vision ID Charges $ 400.00 │
  │ Billable Purchases       100  Purchases       $50.00 │
  │ Billable Redemptions      35  Redemptions     $17.50 │
  │ Billable Exchanges        30  Exchanges       $15.00 │
  │ Billable New Accounts     50  New Accounts      $25 │
  │                                                  │
  │                               Total          $523.75 │
  └─────────────────────────────────────────────────┘
```
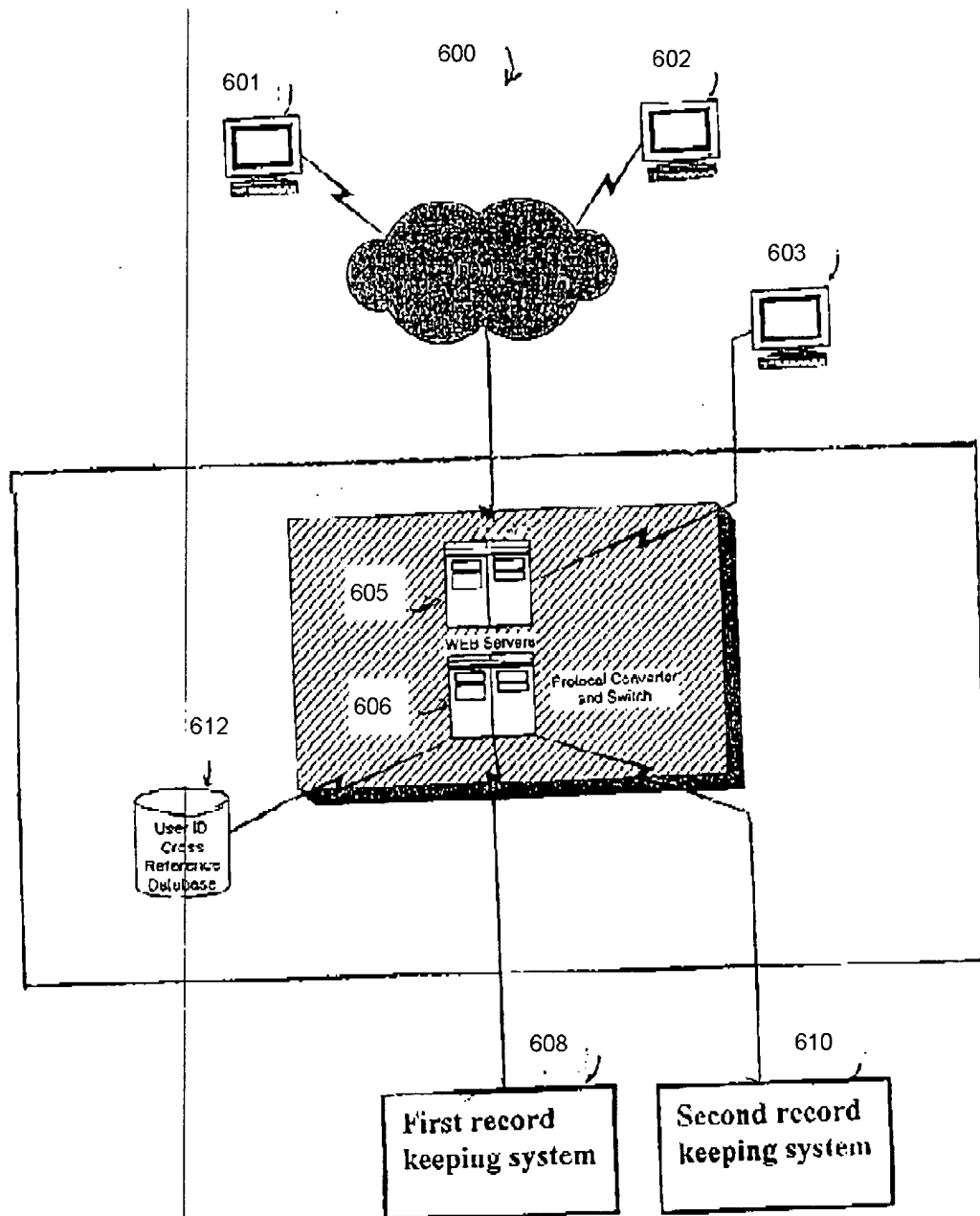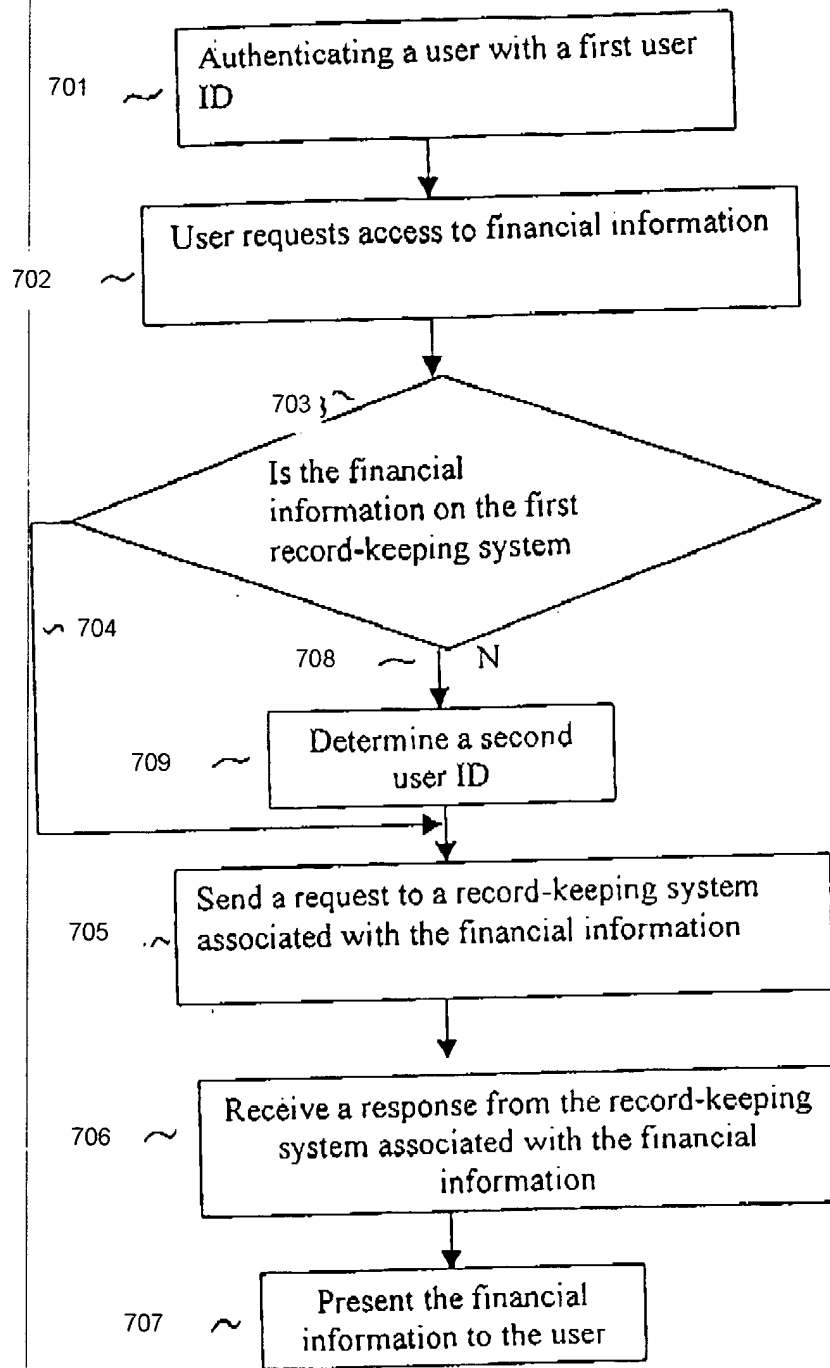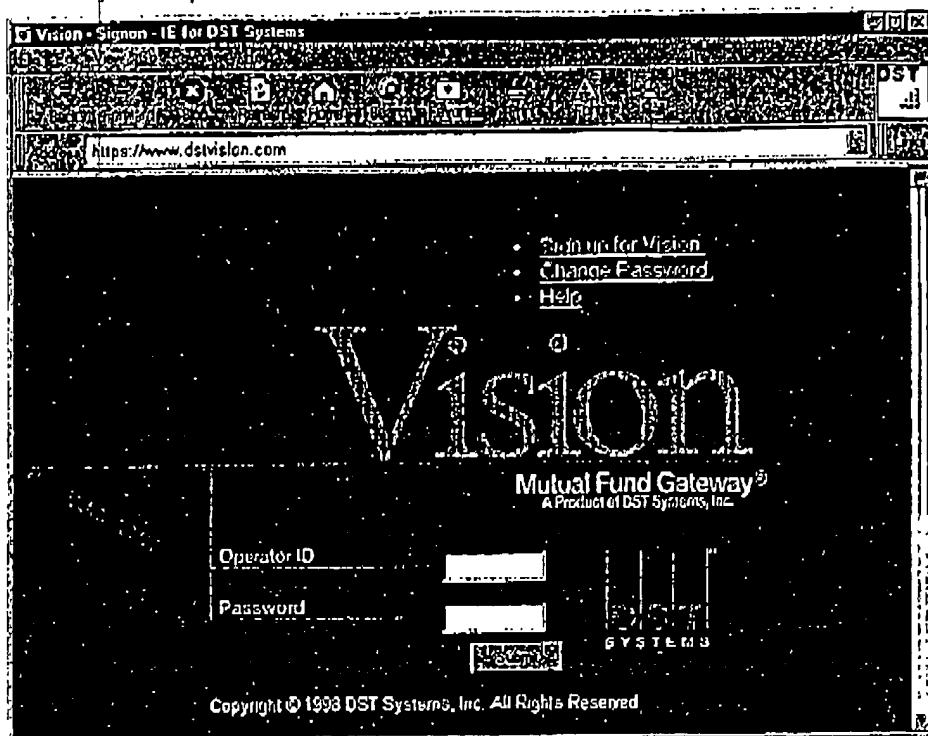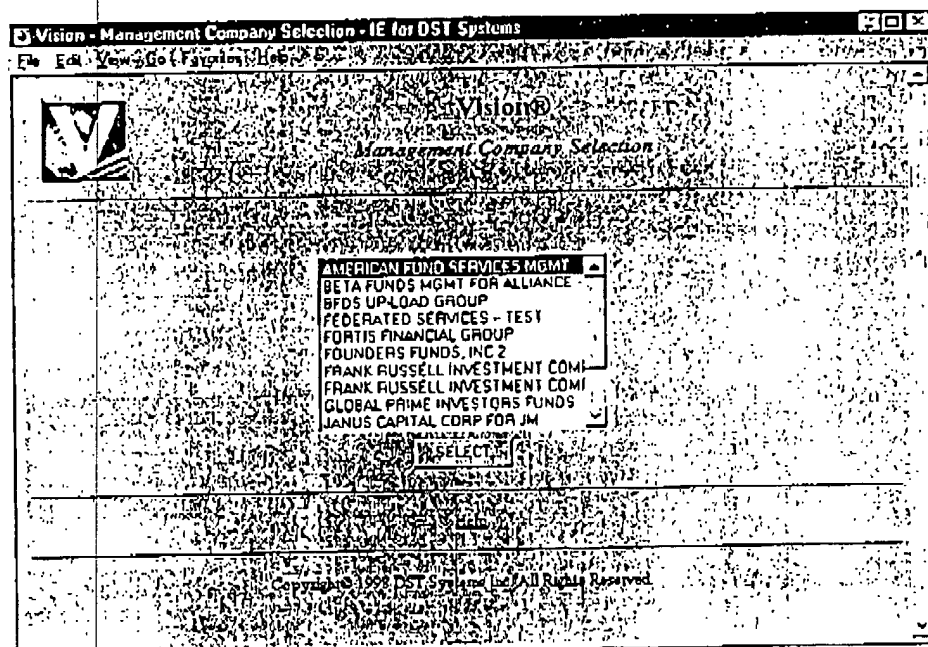
Vision Mutual Fund Gateway
Monthly Billing Summary Report

Report Number: R07960
Source program: B10108
Job: MFJM426B
System: DFE
Corp Billing ID
Management Code: BU
Billing Period: 11/1/99-11/30/1999

Billable inquiry Views:	325	View Charges	$ 16.25
Billable Vision ID's:	80	Vision ID Charges	$ 400.00
Billable Purchases	100	Purchases	$50.00
Billable Redemptions	35	Redemptions	$17.50
Billable Exchanges	30	Exchanges	$15.00
Billable New Accounts	50	New Accounts	$25
		Total	$523.75

Figure 5

601   600   602

603

605
WEB Servers

606   Protocol Converter
and Switch

612
User ID
Cross
Reference
Database

608   610

First record
keeping system

Second record
keeping system

FIGURE 6

700

701 ~ Authenticating a user with a first user ID

702 ~ User requests access to financial information

703 ~ Is the financial information on the first record-keeping system

~ 704

708 ~ N

709 ~ Determine a second user ID

705 ~ Send a request to a record-keeping system associated with the financial information

706 ~ Receive a response from the record-keeping system associated with the financial information

707 ~ Present the financial information to the user

FIGURE 7

Sign on window

FIGURE 8(a)

Management Company Selection window

FIGURE 8(b)

Vision Menu window

FIGURE 8(c)

Shareholder Account History window

FIGURE 8(d)

Columns	Field Name	Field Type	M/O	Values	Description
1-4	Project ID	Alpha 4	M		Project identifier used to identify the layout. Assigned by DST.
5-7	Header Version	Num 3		Send spaces or null values	Version of Header. For future use.
8-17	Packet Length	Num 10	M		Total length of data stream including the header
18-20	Data Version	Num 3		Send spaces or null values	Version of the Data. For future use.
21-30	Data Length	Num 10	M		Length of data area, not including header (0 if no data).
31-47	Transaction ID	Alpha 17	M		Transaction identifier. For example, ACCTHIST@VISION. This format is *not* required. If an alternate transaction ID format is preferred, the new name and format is required for each type of transaction. The field type/length remains the same.
48-57	Source System ID	Alpha 10		Send spaces	Indicates the source of the message. This value is used for information purposes. DST will assign these values to the message originators. For future use.
58-67	Source Tag	Num 10	M	Operator defined	This field can be used by the source application to attach an "identification" tag to individual transactions. This value will be returned in the response header.
68-77	Operator ID	Alpha 10	M	Vision or External Fund ID	The Operator ID (Vision) used to log on.
78-85	Password	Alpha 8	M	Send spaces	
86-89	Return Code	Num 4	M	0000-Normal 0010-Error	Return Code.
90-97	Error Code	Alpha 8	O		Error Code from the target system. This could be used as a reference if the Vision operator should call the fund.
98-337	Error Data	Alpha 240		Send spaces	DST use only.

901

902

903

904

905

906

FIGURE 9

Error Messages
<!-- 1000 -->

Error Code	Error Message	Description
ACTF0001	The request failed because the Host System has detected a problem. Please call the Vision Help line at 800-435-4112 and report the error code below for assistance.	Severe system error has occurred.
ACTF0002	The system is currently performing updates as a result of today's business. The information you have attempted to retrieve is temporarily unavailable. Please try again later. We apologize for the inconvenience. Please click the Back button on your browser to return to the previous page.	Files unavailable for read access due to system updates or file outages.
ACTF0003	The request failed because your Operator ID is not authorized to perform this function. Please call the Vision Help line at 800-435-4112 for assistance.	Operator ID not authorized.
ACTF0013	The fund is currently unable to process this request within the allotted time.	The fund is unable to process the request, either because of network overload or because the request cannot be processed within the allotted time.

1001
1002
1003
1004

FIGURE 10

Transaction Fixed Request Data
<!-- 1100 -->

Columns	Field Name	Field Type	M/O	Values	Description
1-13	Security Issue ID	Alpha 13	M		Identifies the mutual fund. This field contains a two-character country code (00), a nine-character CUSIP, a one-character check digit (0), and a one-character test code (P).
14-33	Account Number	Alpha 20	M		The unique identifier for a shareowner account within a mutual fund.
34-58	Index	Alpha 25	M		Index to request additional accounts when list is longer than a single request.

1101
1102
1103

FIGURE 11

Transaction Variable Repeatable Response Data 1200 ( )

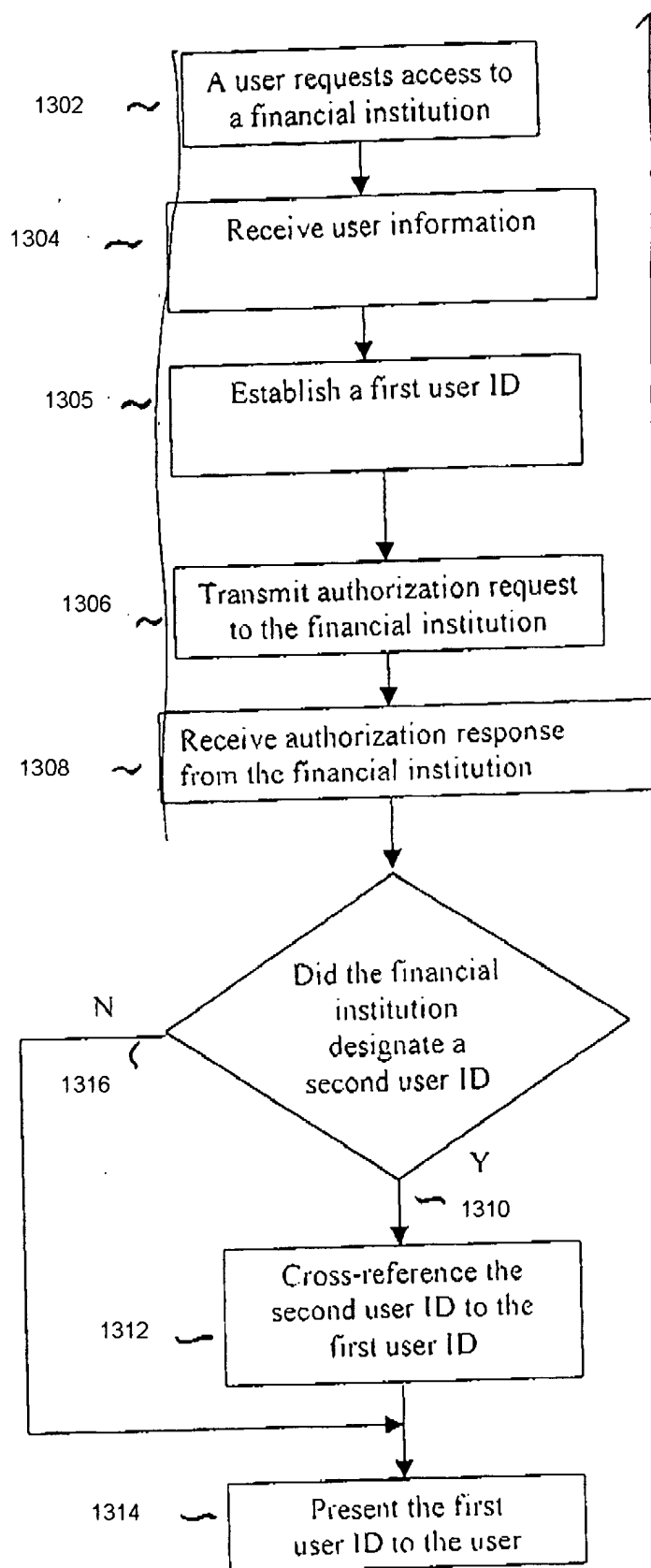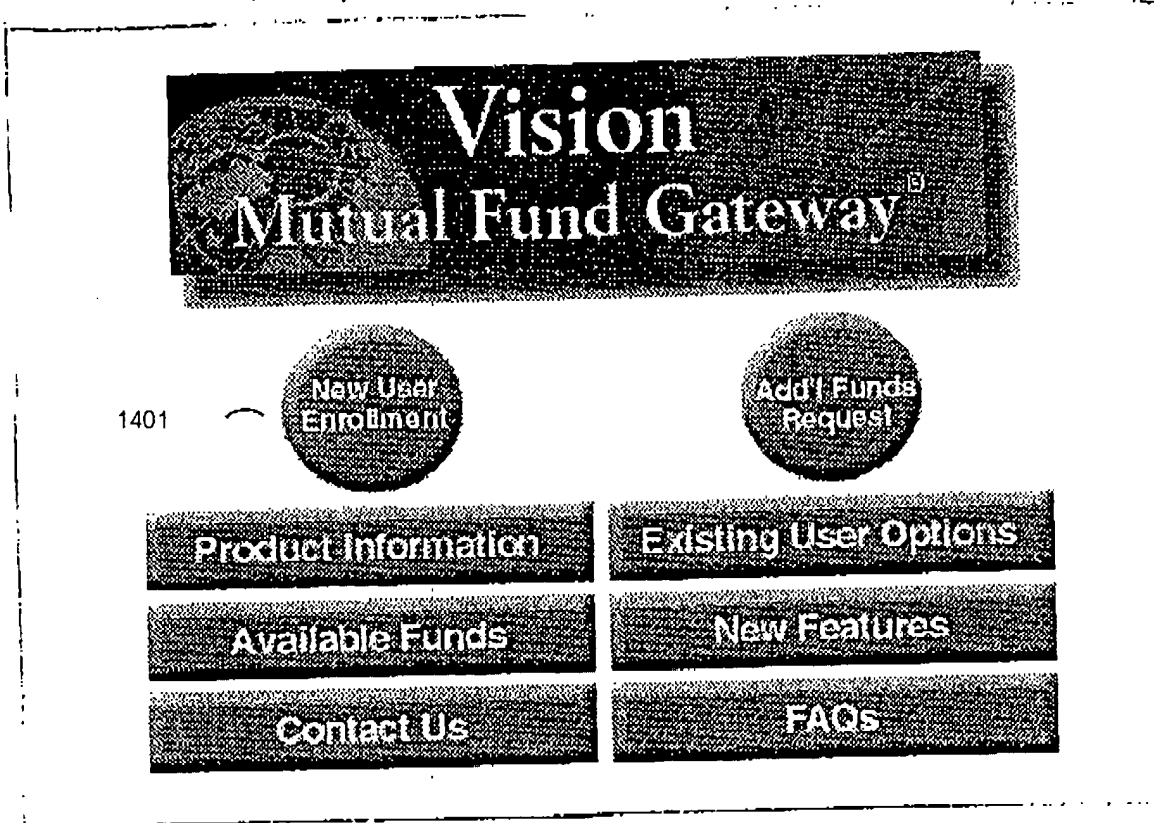| Columns	Field Name	Field Type	M/O	Values	Description
1-7	Key Suffix	Num 7	O		Transaction sequence number in the history.
8-13	Transaction Identifier	Alpha 6	O		Indicates the type of transaction. Formatted as xxx/xxx (the '/' is hard coded after the third character).
14-28	Shares	Num 15	M	11.4	Number of shares involved in the transaction.
29-43	Gross Amount	Num 15	M	13.2	Dollar amount of the transaction.
44-58	Running Balance	Num 15	M	11.4	Cumulative share balance of account.
59-68	Confirmation Date	Char 10	M	MM/DD/ YYYY	Date transaction was processed.
69-78	Trade Date	Char 10	M	MM/DD/ YYYY	Date transaction was priced.
79-87	Price	Num 9	M	5.4	Price used for the transaction.
88-94	Batch Number	Num 7	O		Transaction processing group number.
95	Pre/Post Noon	Alpha 1	O	B=Before Noon A=After Noon	Determines if the transaction occurred before noon or after noon.
96-97	Discount Category	Num 2	O		Code indicating the price break a shareholder will receive on new shares purchased.
98	Certificate Issue Code	Alpha 1	O	Y/N	Indicates certificate was issued on a purchase transaction.
99-128	Transaction Description	Alpha 30	M		The alpha description of the transaction.

1201
1202
1203
1204
1205
1206

FIGURE 12

1300

1302 ~ A user requests access to a financial institution

1304 ~ Receive user information

1305 ~ Establish a first user ID

1306 ~ Transmit authorization request to the financial institution

1308 ~ Receive authorization response from the financial institution

Did the financial institution designate a second user ID

N

1316

Y

1310

1312 ~ Cross-reference the second user ID to the first user ID

1314 ~ Present the first user ID to the user

FIGURE 13

Vision
Mutual Fund Gateway

1401

New User Enrollment

Add'l Funds Request

Product Information

Existing User Options

Available Funds

New Features

Contact Us

FAQs

FIGURE 14(a)

Vision
Mutual Fund Gateway

New User Enrollment Options

1402

Product Information

Available Funds

Enrollment Forms

B/D Authorizations

FIGURE 14(b)

Vision Mutual Fund Gateway®

Enrollment Form

Select the level at which you will access Vision.

1403 — **Dealer**   Provides access to all accounts assigned to your broker/dealer firm.

1404 — **Branch**   Provides access to all accounts assigned to your branch office.

1405 — **Rep**   Provides access to your individual accounts in which you are the representative or advisor of record. Each representative must complete his or her own enrollment.

1406 — **Tax ID**   Provides access to accounts grouped under a single tax identification number. Tax ID access may be appropriate for trust companies and banking institutions. Tax ID access is not available at the shareowner Social Security level.

FIGURE 14(c)

Vision
Mutual Fund Gateway

Enrollment Form
Dealer Access

This enrollment form provides access to all accounts assigned to your Broker/Dealer firm. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

[Cancel & Close Window]

Broker/Dealer Name: [_____]

Contact Person: Last: [_____] First: [_____]

Contact's E-Mail Address: [_____]

Correspondence regarding Vision access is communicated by e-mail; without a valid e-mail address, some communication may be delayed.

Mailing Address: [_____]
[_____]
[_____]

City: [_____]

State or Province: [_____]   ZIP Code: [____] - [____]

Country: [United States ▾]

Phone Number: ([___]) [___] - [___] ext. [_____]

Fax Number: ([___]) [___] - [___]

Number of Required Vision IDs: [1_____]

[Continue] [Reset]

[Cancel Enrollment]

FIGURE 14(d)

Vision
Mutual Fund Gateway®
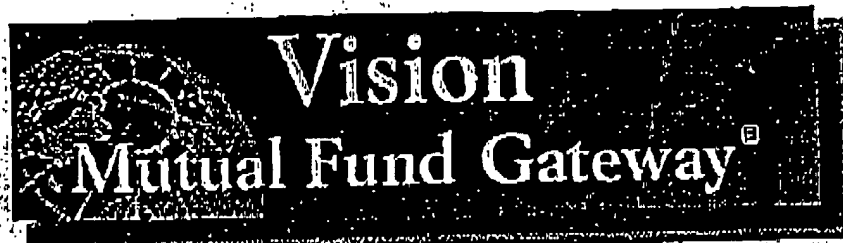
Enrollment Form
Branch Access

This enrollment form provides access to all accounts assigned to your branch office. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

Cancel & Close Window

Broker/Dealer Name: [_____]

Firm Name: [_____]

Contact Person:
Last: [_____] First: [_____]

Contact's E-Mail Address: [_____]

Correspondence regarding Vision access is communicated by e-mail; without a valid e-mail address, some communication may be delayed.

Mailing Address: [_____]
[_____]
[_____]

City: [_____]

State or Province: [_____] ZIP Code: [____] - [____]

Country: [United States ▼]

Phone Number: ([___]) [___] - [___] ext. [___]

Fax Number: ([___]) [___] - [___]

Number of Required Vision IDs: [1_____]

Continue **Reset**

Cancel Enrollment

FIGURE 14(e)

Vision
Mutual Fund Gateway®

Enrollment Form
Representative Access

This enrollment form provides access to your individual accounts in which you are the representative or advisor of record. Each representative must complete his or her own enrollment. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

Cancel & Close Window

Fields marked in bold are required. Correct completion of this form is essential to processing your enrollment. An incomplete form will be returned to you and your enrollment will not be processed until the correct information is submitted.

(If you are not affiliated with a Broker/Dealer, type FEE ADVISOR in this field.)

Broker/Dealer Name: [_____]

Firm Name: [_____]

Representative's Name: Last: [_____] First: [_____]

Contact's E-Mail Address: [_____]

Correspondence regarding Vision access is communicated by e-mail; without a valid e-mail address, some communication may be delayed.

Mailing Address: [_____]

[_____]

[_____]

City: [_____]

State or Province: [_____]   **ZIP Code:** [___]-[___]

FIGURE 14(f)

Country: [United States ▼]

Phone Number: (___) ___ - ___   ext. ___